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TRADEMARK OFFICE IN THE UNITED STATES

PPLICATION OF:

eruo OKU, et al.

GROUP: 1626

SERIAL NO: 09/869,135

FILED:

October 29, 2002

EXAMINER: STOCKTON, Laura Lynne

FOR:

IMIDAZOLE COMPOUNDS AND MEDICINAL USE THEREOF

SUBMISSION OF SUPPLEMENTAL APPLICATION DATA SHEET

Office of Initial Patent Examination Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Applicant(s) submit herewith a Supplemental Application Data Sheet for the aboveidentified application for the purpose of adding the heirs of the deceased inventor.

Respectfully Submitted,

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APPLICATION DATA SHEET

09/869,135

APPLICATION INFORMATION

Application Number:: Application Date:

10/29/02 REGULAR Application Type:: UTILITY Subject Matter::

NONE CD-ROM or CD-R?::

IMIDAZOLE COMPOUNDS AND Title::

MEDICINAL USE THEREOF

210229US0PCT Attorney Docket Number::

INVENTOR INFORMATION

INVENTOR Applicant Authority Type::

Primary Citizenship Country:: Japan

DECEASED INVENTOR Status::

Teruo Given Name:: OKU Family Name:: Tokyo City of Residence:: Japan Country of Residence::

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LEGAL REPRESENTATIVE Applicant Authority Type::

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FULL CAPACITY Status::

Noriko Given Name:: OKU Family Name:: Tokyo City of Residence:: Japan Country of Residence::

3-38-7-401, Hazawa, Nerima-ku Street of Mailing Address::

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Applicant Authority Type:: LEGAL REPRESENTATIVE

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176-0003

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Primary Citizenship Country:: Japan

Status:: FULL CAPACITY

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City of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::

176-0003

Applicant Authority Type:: INVENTOR

Primary Citizenship Country:: Japan

Status:: FULL CAPACITY

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City of Residence::

Country of Residence::

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City of Mailing Address::

Country of Mailing Address::

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565-0802

Applicant Authority Type:: INVENTOR

Primary Citizenship Country:: Japan

Status:: FULL CAPACITY

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Country of Residence::

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Country of Mailing Address:: Japan
Postal or Zip Code of Mailing Address:: 305-0035

Applicant Authority Type:: INVENTOR

Primary Citizenship Country:: Japan

Status:: FULL CAPACITY
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Family Name:: HAMASHIMA

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Country of Residence:: Japan

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ku, Kyoto-shi

City of Mailing Address::

Country of Mailing Address::

Japan

Postal or Zip Code of Mailing Address:: 615-8084

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Primary Citizenship Country:: Japan

Status:: FULL CAPACITY

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City of Residence::

Country of Residence::

Japan

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City of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::

305-0035

Applicant Authority Type:: INVENTOR

Primary Citizenship Country:: Japan

Primary Citizenship Country:: Japan Status:: FULL CAPACITY

Given Name:: Naoki

Family Name::

City of Residence::

Ibaraki

City of Residence:: Ibaraki
Country of Residence:: Japan

Street of Mailing Address:: 25-10, Matsushiro 2-chome, Tsukuba-shi

City of Mailing Address:: <u>Ibaraki</u>
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Applicant Authority Type:: INVENTOR

Primary Citizenship Country:: Japan

Status:: FULL CAPACITY

Given Name::

Family Name::

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Country of Residence::

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City of Mailing Address::

Country of Mailing Address::

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567-0892

Applicant Authority Type:: <u>INVENTOR</u>

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Status:: FULL CAPACITY

Given Name:: Noritsugu
Family Name:: YAMASAKI

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Country of Residence:: Japan

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City of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::

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Applicant Authority Type:: INVENTOR

Primary Citizenship Country:: Japan

Status:: FULL CAPACITY

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Family Name::

City of Residence::

Country of Residence::

Japan

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City of Mailing Address::

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944-0041

Applicant Authority Type:: INVENTOR

Primary Citizenship Country:: Japan

Status:: FULL CAPACITY

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Family Name:: HIRAMURA

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Country of Mailing Address::

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305-0047

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 22850

REPRESENTATIVE INFORMATION

Representative Customer Number:: 22850

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
	National Stage of	PCT/JP99/07160	12/20/99

FOREIGN PRIORITY INFORMATION

Application Number	Country::	Filing Date::	Priority Claimed::
367362/1998	Japan	12/24/98	YES
228838/1999	Japan	08/12/99	YES

ASSIGNMENT INFORMATION

Assignee Name:: Fujisawa Pharmaceutical Co. Ltd.

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Osaka

Country of Mailing Address::

JAPAN

Postal or Zip Code of Mailing Address::

541-8514